Almont Preschool Application

2024-2025 School Year

For teacher use only:

| Child's name: | | |
|-----------------------------|---------------------|---|
| GSRP (full day): | Tuition (half day): | |
| Birthdate: | | |
| Original birth certificate: | | |
| Copy of immunizations: | | _ |
| Income verification: | | |
| Date/time: | | |

To return this application, please call Star Sutphin at <u>248-736-1550</u>. Thank you!





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N.E.M.C.S.A. - Head Start/Early Head Start/GSRP Application

| Child's First Name | Mi | ddle Name | | Last Name |
|--|--------------------------------|--|--|--|
| Date of Birth:/ Ge | nder: M / F Age & nan | r: M / F Age & name verified by: Birth Certificate | | |
| Race: (Check all that apply) | erican Indian/Alaska nativ | e 🗆 Asian/As | ian American 🔲 | Black/African America |
| . | Caucasian/White 🛭 Hawa I No | ailan/Pacific I | slander 🗖 Other: | |
| | | | | |
| Insurance: Medicaid / CHIP | State-only funded Pr | ivate health in | surance 🗆 None | Other |
| Primary Head of Housel | old | Sec | ondary Head of . | Household |
| Name: | | Name: | | |
| Date of Birth: | | | th: | |
| ☐ Parent ☐ Grandparent ☐ Fo | oster 🗆 Other | ☐ Parent | | □ Foster □ Other |
| Education Level (Check highest Less than high school graduate High school graduate/G.E.D. Some college/vocational school/A Bachelor or advanced degree | | ☐ Less than ☐ High scho ☐ Some coll | high school gradu tool graduate/G.E.D tege/vocational school advanced degree | ate 1001/Associate degree |
| Employed: 🗆 Yes 🗀 No Full-time In School/Job Training 🗆 Yes 🗀 No | or Part-time | Employed: In School/Jo | ☐ Yes ☐ No Ful b Training ☐ Yes | Time or Part-time ☐ No |
| Is mother currently pregnant? 🚨 Ye | s 🗆 No 🗆 Unknown | If yes, due | date: | |
| List first and last name and birth d | ate of others in the house | ehold support | ed by income of the | ne parent/guardian(|
| | | | | |
|) | | | | |
| | | | | |
| • | | | | |
| Living Address:(Numb | | | | |
| (Numb iAailing Address (if different from above): | | (City) | | (Zip Code) |
| raining Address (if different from above): | (Number & Street or PO Bo | x) | (City) | (Zip Code) |
| County: | School District: | | ISD: | (=:, ====) |
| | | | | |
| Alternate Contact: | | | | |
| (Name | | | | The same of the sa |



| Child's Name: | CONCESSION OF THE PARTY OF THE |
|---|---|
| Transition Status | |
| ☐ Transitioning from EHS (NEMCSA or other grantee) ☐ Transitioning from other than NEMCSA HS/program | |
| Eligibility and Prioritization Criteria (Check all that Apply) | |
| Child is eligible for special education services. (2 – documentation viewed: |) |
| Child's developmental progress is less than expected for his/her chronological age. (2 – documentation viewed: |) |
| Child has chronic health issues causing development or learning problems. (2 - documentation viewed:) | |
| ☐ Severe or challenging behavior (child has been expelled from preschool or child care center). (3) | |
| Primary home language other than English (English is not spoken in the child's home or English is not the child's firs language). (4) | t |
| Parent(s) with low educational attainment (parent has not graduated from high school or is illiterate). (5) | |
| Abuse/neglect of child, sibling or parent (domestic, sexual, or physical abuse of child or parent; child neglect issues; substance abuse). (6) | |
| Parental loss due to death, divorce, incarceration, military service or absence. (7) | |
| ☐ Sibling issues. (7) | |
| ☐ Teen parent (not yet age 20 when first child born). (7- documentation viewed: | } |
| ☐ Family is homeless or without stable housing. (7) | |
| Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services). | (7) |
| Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. (7) | (1) |
| ☐ Unemployed parent (currently looking for work). (N/A) | |
| Other criteria that may cause learning or school adjustment problems for this child: | - |
| To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with collaborating agencies. This authorization shall remain in effect for two (years from the signature date. \square Yes \square No | - i 2) |
| The undersigned acknowledges they have been notified of Northeast Michigan Community Service Agency, Inc.'s Notice of Privacy Practices a has had an opportunity to discuss concerns/questions about the privacy of the information provided. Any changes to the notice will be availabe at www.nemcsa.org . I certify the information provided in support of this application is accurate and complete to the best of my knowledge. | nd le |
| Parent/Guardian Signature: | |
| ☐ TANF ☐ SSI ☐ Foster Care Number in Household: Family Income: \$ | |
| Information verified and taken by:Date: | |



Biological Mother/Step Mother/Foster Mother/Adoptive Mother (Circle One)

| Mother's Last Name | First Name | First Name Full Address | | | | | |
|--------------------------------|---|-------------------------|---------------------------------|--|-----------------------------|--|--|
| Employer | | Work Phone # | | | | | |
| Biological Father/Step I | Father/Foster Fa | ither/Adoptiv | e Father (Circle One) | | | | |
| Father's Last Name | First Name | First Name Full Address | | | | | |
| Employer | | | Work Ph | one # | | | |
| | | <u>Emer</u> | gency Contacts | | | | |
| <u>Name</u> | | Ph | Phone Number | | Relationship | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Household | Income (Circle One |) | | | |
| \$0-\$5,000 | \$5,001-\$ | 10.000 | \$10,001-\$15,00 |)O | \$15,001-\$20,000 | | |
| \$20,001-\$25,000 | \$25,001- | | \$30,001-\$35,00 | ······································ | \$35,001-\$40,000 | | |
| \$40,001-\$45,000 | \$45,001-\$50,000 | | \$50,001-\$55,000 | | \$55,001-\$60,000 | | |
| \$60,001-\$65,000 | \$65,001-\$70,000 | | \$70,001-\$75,000 | | \$75,001-\$80,000 | | |
| \$80,001-\$85,000 | \$85,001-\$90,000 | | \$90,001-\$95,00 | 0 | Over \$95,001 | | |
| dditional Manthly Inco | man (Nin A Kurutur du | | | | | | |
| dditional Monthly Inco | me (NOT INCIDUE | a in Gross Ai | nnual Income Total) Veterans S | : | | | |
| | NO CONTRACTOR AND STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, | | | | | | |
| | | | Unemploy | ment S | , | | |
| ther \$ | | | | | | | |
| you would like to further low. | r explain your nee | ed for the GSF | RP program (State Fund | ed Full-D | ay Program), please explain | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | 4970 | | | | | |

Federal Ethnicity and Race

Is this student hispanic? Pick one of the following choices corresponding to if the student is hispanic or not __ No **Reporting ethnicity** Pick one of the following ethnicities corresponding to the student's ethnicity _ American Indian Native Hawaiian or Other Pacific Islander _ Asian White Black or African American ____ Hispanic or Latino Personal demographics Fill in each blank with a number 0 through 6, according to the following guide: 0. Does not apply 1. Primary racial/ethnic choice 2. Secondary racial/ethnic choice 3. Third racial/ethnic choice 4. Fourth racial/ethnic choice 5. Fifth racial/ethnic choice 6. Sixth racial/ethnic choice Is the student...

American Indian or Alaska Native

____ Black or African American

__ Asian

Native Hawaiian or Other Pacific Islander

White

____ Hispanic or Latino